# APPLICATION DATA SHEET 37 CFR §1.76

## **APPLICATION INFORMATION**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form	
(CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND APPARATUS FOR IMAGING
	WITH MULTIPLE EXPOSURE HEADS
Attorney Docket Number::	C525 0339
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

### Secrecy Order in Parent Appln.?::

#### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada

Status:: Full capacity

Given Name:: Derrick

Middle Name::

Family Name:: To

Name Suffix::

City of Residence:: Vancouver

State or Province of

Residence:: BC

Street of mailing address:: 3577 E. 24th Avenue

City of mailing address:: Vancouver

State or Province of

mailing address:: BC

Country of mailing

address:: Canada

Postal or Zip Code of

mailing address:: V5R 1G7

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada

Status:: Full capacity

Given Name:: Calvin

Middle Name::

Family Name:: Cummings

Name Suffix::

City of Residence:: Surrey

State or Province of

Residence:: BC

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Street of mailing address:: 15017 73A Avenue

City of mailing address:: Surrey

State or Province of

mailing address:: BC

Country of mailing

address:: Canada

Postal or Zip Code of

mailing address:: V3S 7H5

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada

Status:: Full capacity

Given Name:: Roland
Middle Name:: Wescott
Family Name:: Montague

Name Suffix::

City of Residence:: Vancouver

State or Province of

Residence:: BC

Street of mailing address:: #2 - 2245 West 15th Avenue

City of mailing address:: Vancouver

State or Province of

mailing address:: BC

Country of mailing

address:: Canada

Postal or Zip Code of

mailing address:: V6K 2Y6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada

Status:: Full capacity

Given Name:: Remy

Middle Name::

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Family Name:: Dawson

Name Suffix::

City of Residence:: Vancouver

State or Province of

Residence:: BC

Street of mailing address:: 7688 Ontario Street

City of mailing address:: Vancouver

State or Province of

mailing address:: BC

Country of mailing

address:: Canada

Postal or Zip Code of

mailing address:: V5X 3C5

Applicant Authority Type:: Inventor Primary Citizenship Country:: Canada

Status:: Full capacity

Given Name:: Guy

Middle Name::

Family Name:: Sirton

Name Suffix::

City of Residence:: Delta

State or Province of

Residence:: BC

Street of mailing address:: 1158 Fairway Views, Wynd Crescent

City of mailing address:: Delta

State or Province of

mailing address:: BC

Country of mailing

address:: Canada

Postal or Zip Code of

mailing address:: V5L 2E2

#### **CORRESPONDENCE INFORMATION**

Corrospondones Castonio.	
Number:: 000	<b>72</b> 0

Name::

Street of mailing address:: City of mailing address::

Correspondence Customer

State or Province of

mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Phone Number:: (604) 669-3432 Fax Number:: (604) 681-4081

Email address:: docket3@patentable.com

#### REPRESENTATIVE INFORMATION

Representative Customer	000720
Number::	

#### **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35USC 119(e)	60/421,089	25 October 2002
This application	An application claiming the benefit under 35USC 119(e)	60/453,543	12 March 2003
This application	An application claiming the benefit under 35USC 119(e)	60/489,122	23 July 2003

#### **ASSIGNEE INFORMATION**

Assignee name::

Street of mailing address:: Creo Inc.

City of mailing address:: 3700 Gilmore Way

State or Province of

mailing address:: BC

Country of mailing

address:: Canada

Postal or Zip Code of

mailing address:: V53 4M1